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Bib Data Sheet

CONFIRMATION NO. 2821

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/663,172 | FILING DATE<br>09/16/2003<br><br>RULE | CLASS<br>361 | GROUP ART UNIT<br>2841 | ATTORNEY<br>DOCKET NO.<br>ALBR0129?YOD<br>03AB109 |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

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#N

\*\* CONTINUING DATA \*\*\*\*\* YES  
 This application is a CON of 10/252,303 12/23/2002  
 which claims benefit of 60/349,259 01/16/2002

#N

\*\* FOREIGN APPLICATIONS \*\*\*\*\*  
 None

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 12/08/2003

| Foreign Priority claimed                              | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no                                    | STATE OR<br>COUNTRY | SHEETS        | TOTAL        | INDEPENDENT |
|---|--|---------------------|---------------|--------------|-------------|
| 35 USC 119 (a-d) conditions met                       | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after | WI                  | DRAWING<br>40 | CLAIMS<br>30 | CLAIMS<br>3 |
| Verified and Acknowledged<br><br>Examiner's Signature | All Allowance<br>Initials #N   |                     |               |              |             |

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## TITLE

Power converter having improved EMI shielding

All Fees

FILING FEE

RECEIVED  
930

FEES: Authority has been given in Paper  
No. \_\_\_\_\_ to charge/credit DEPOSIT ACCOUNT  
No. \_\_\_\_\_ for following:

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| <input type="checkbox"/> 1.16 Fees ( Filing )                  |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
| <input type="checkbox"/> 1.18 Fees ( Issue )                   |
| <input type="checkbox"/> Other _____                           |
| <input type="checkbox"/> Credit                                |